



ADMINISTRATORS
IN MEDICINE

NEVADA

State Board of Medical Examiners

Assessment of Board Practices

Report of the Review Panel

November 9, 2010

SUMMARY

The Nevada State Board of Medical Examiners is unique in the country in that it is organized to be nimble, forward thinking, and progressive. In only the past 18 months, the Board has made a number of significant changes to its operations that have preserved resources and effectively utilized the strengths of the organization.

The office environment is professional, respectful, and positive. Individuals we met appeared upbeat, excited about his or her work, and committed to doing their very best for the organization.

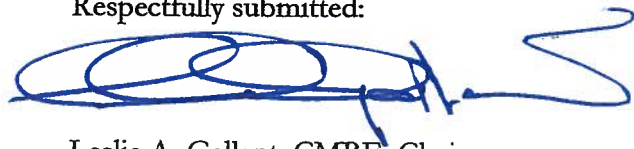
This organization educates, monitors, disciplines, and licenses physicians to insure their fitness and competence to provide health care services to the citizens of Nevada. The capable and dedicated staff works diligently to provide information in a clear and concise manner to the public. The agency appears to execute its responsibilities in a fair and equitable manner and is cognizant of the importance of the public service they provide as evidenced by the professional manner in which these services are delivered.

The recommendations made in this report are intended to offer possible improvements to processes and procedures. While the review panel has made numerous recommendations for the Board's consideration, it found that the Board is in compliance with state law in its operations. The committee did not identify any discrepancies in process or procedure. The recommendations made are for the Board's consideration and offer options and analytical observation of the Board's existing practices. Some changes may be more feasible than others and it is the task of the Board and management to make those determinations.

The ability of the Nevada Board to be immediately responsive to its constituents, its licensing population, and the legislature is directly related to its autonomy. Consistent with the recommendations of the FSMB's model act, the Board enjoys autonomous operational authority. This level of organizational autonomy from partisan offices and special interest groups is essential to the insulation of the Board from efforts to influence the decision-making processes of the Board. By retaining its standing as a self-determining and self-supporting organization, the Board is dynamic and progressive in its approaches to its responsibilities. This independence should be preserved, respected, and supported.

Finally, the committee extends its gratitude to the Board's Executive Director, Doug Cooper, and all other staff members for their courtesy, cooperation, and their thoughtful participation in discussions during this review. We also wish to express our thanks to the president of the Board, Dr. Charles N. Held, for meeting with the panel to discuss the Board's review. We are grateful for this unique opportunity.

Respectfully submitted:

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Leslie A. Gallant, CMBE, Chair
Jim Christensen, MD
Randal C. Manning, MBA, CMBE
William P. O'Shaughnessy, MD
Lisa A. Robin
Tina Steinman

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INTRODUCTION

At the request and with the support of the Nevada State Board of Medical Examiners, a panel of experts was convened to review and report on the four primary functions of the board. The study was sponsored and overseen by Administrators in Medicine, a professional and educational organization for state medical board executive directors in the United States and its territories, to provide context, objectivity, and the skills and expertise of certified medical board executive directors with the perspective of the purpose of a medical licensing board.

The committee assembled by AIM was made up of individuals selected for their impartiality and their expertise. The committee was provided with support and information by the staff of the Nevada Board and was guided in their work by best practice models developed by the Federation of State Medical Boards of the United States. Review materials were provided in advance to the committee and a two-day in person interview of the board's staff was conducted in early August 2010.

This report has been prepared from these activities.

MEMBERS OF THE ASSESSMENT COMMITTEE

Leslie A. Gallant, CMBE	Committee Chairperson Former Executive Administrator, Alaska State Medical Board (17 years) Past President, Administrators In Medicine Member, Federation of State Medical Boards, Board of Directors, 2008-2010 Certified Medical Board Executive, FSMB, 2000-present Joint AIM/FSMB Executive Institute training, 2009 Chair, AIM Certified Medical Board Investigator Institute, 2007-2010
Jim Christensen, MD	Co-Founder, Nevada AIDS Research and Education Society Member, Clark County Board of Health Active Practice Allergist and Infectious Disease, Las Vegas, NV
Randal C. Manning, MBA, CMBE	Executive Director, Maine Board of Licensure in Medicine Past President, Administrators In Medicine Treasurer, Administrators In Medicine Member, Federation of State Medical Boards, Board of Directors, 2010-2012 Certified Medical Board Executive, 2001-present Chair, AIM/FSMB Executive Institute Development and trainer
William P. O'Shaughnessy, MD	Diplomat of the American Board of Family Practice, 1977-Present Community Director Member, Carson Tahoe Regional Medical Center President, Carson Douglas Medical Society, 2008 - Present Active practice in Carson City, NV
Lisa A. Robin, MA	Senior Vice President, Advocacy and Member Services, Federation of State Medical Boards
Tina Steinman	Executive Director, Missouri Board of Registration for the Healing Arts Chairperson, Best of Boards Committee, Administrators in Medicine (12 years)

GOALS OF THE ASSESSMENT

“State medical boards license physicians, investigate complaints, discipline those who violate the law, conduct physician evaluations and facilitate rehabilitation of physicians where appropriate. By following up on complaints, medical boards give the public a way to enforce basic standards of competence and ethical behavior in the physicians, and physicians a way to protect the integrity of their profession.”

FSMB, “About State Medical Boards” Overview

The assessment panel identified the following tasks in its charge to review and report on the four essential functions of the board.

- Review current practices of the board
- Compare best practices from the FSMB Model Practice Act
- Make recommendations for improvements or enhancements
- Review compliance with current statutory requirements of the board
- Review the board’s transparency of operations
- Review the board’s observance of due process rights of the public, complainants, and licensees
- Review the information provided to the public for completeness, usefulness, and ease of access

METHODOLOGY OF THE ASSESSMENT

The following documents were provided to the committee either prior to the in-person meeting or at the meeting:

- the FSMB's *Essentials of a Modern Medical Practice Act*, eleventh edition
- the FSMB's *Elements of a Modern State Medical Board*, revised 2009
- the Nevada board's governing laws, NRS Chapters 629 & 630 and NAC Chapters 629 & 630
- the Nevada board's Policy and Procedure Manuals for all divisions
- the Board's general policy and procedures manual
- "Performance Audit of the Nevada State Board of Medical Examiners, Report to the Legislative Commission," Federation of State Medical Boards, dated December 1, 2003
- the preliminary self-assessment document (email of January 5, 2010) prepared by the executive director
- NRS233B, "Nevada Administrative Procedure Act"
- NRS 622.005 through NRS 622.060, "General Provisions, Boards and Commissions"
- "Newsletter," Nevada State Board of Medical Examiners, July 2010, March, 2010, and April, 2009
- Organization charts for the board and its four departments
- Various board forms
- *Public Citizens' Health Research Group Ranking of State Medical Boards' Serious Disciplinary Actions: 2007-2009, April 5, 2010, S. Wolfe, MD, et al*, Public Citizen

A two-day, in-person meeting between the panel and board's staff was held on August 5 and 6, 2010 at the board's offices in Reno, Nevada. At that meeting, the panel met with the executive staff including the Executive Director, Deputy Executive Director, and Chiefs of Investigations, Licensing, Administration and Information Systems, the Finance Manager, General Counsel, and Medical Reviewer. At this meeting, the assessment committee was afforded ample opportunity to discuss processes of the board and to directly question the staff.

The audit committee also interviewed the Board Chair, Dr. Charles Held, to gain his perspectives on the regulatory environment, board staff, and his board leadership style and intent. Also discussed were his observations of the strengths and weakness of the Board and its staff, as well as his long-term goals for the Board during his term as Chair.

The evaluation methods employed by the panel in this review included extensive discussion of issues with the board's staff in our face-to-face meetings, question and answer sessions with each department, legal citations, staff interviews, and a broad review of board records.

DISCUSSION

Topics of Discussion:	General Overview
	Administrative Processes and Procedures
	Legal Matters
	Licensing Processes and Procedures
	Investigative Processes and Procedures

Following a general overview of the Board's structure and operations, the panel devoted one half of each day of the meeting to each of the above four areas of consideration.

General Overview

The panel met with the entire senior level staff and the executive director for a general overview of the structure and basic functions of the Board. Topics included in this discussion were guided by the self-assessment email from the Executive Director of January 5, 2010, and the 2003 report prepared by a previous panel of the Federation of State Medical Boards referenced on page 4 of this report.

The Nevada State Board of Medical Examiners is an autonomous Board that controls its own budget and makes its own hiring decisions. NRS 630.050 provides that the Board is composed of nine members appointed by the governor. NRS 630.070(2) provides that the governor may remove a Board member for "good cause" but from discussion with staff, it appears that there is contradictory language elsewhere in Nevada law that requires that Board members be impeached by the legislature. The law requires that six of the Board members are licensed to practice medicine in the state, that two members are public members with no direct connection to the healing arts, and one member who represents the "interests of persons of agencies that regularly provide health care to patients who are indigent, uninsured, or unable to afford health care." This person cannot be licensed to practice medicine. There are currently about 6,100 physicians and almost 450 physician assistants licensed in the state. There are also approximately 1,300 licensed respiratory therapists and 25 perfusionists by the Board.

The Board has a lobbyist who makes contacts with legislators in Carson City on behalf of the Board and who assists the Executive Director in representing the Board's interests before the legislature and legislative committees. The legislature meets every two years.

The Board meets four times each year, generally quarterly, and holds those meetings in the main office in Reno. Those meetings are videoconferenced to Las Vegas as well. Emergency meetings may be held between the regularly scheduled meetings as required, utilizing electronic media or in person.

The Board currently uses the following committees comprised of sitting Board members:

- license application and malpractice review committee,
- an executive committee, and
- investigative committees that review all completed investigations and take appropriate action or refer the investigation to the Board.

These committees require extensive time on the part of the Board members and are very demanding for the staff as well. Problems associated with such committees include public meetings law requirements and the increased burden to the individual Board members. Staff must also manage workload adjustments to assure there is no conflict between individual committee members and the subject of investigation that would

require the recusal of the Board member. This is particularly challenging when you have a Board of actively practicing physicians. See Recommendations.

The Board generates revenue from its licensing fees and has the authority to impose cost recovery for disciplinary cases. The Board also has the authority to impose civil fines of as high as \$5,000 per count of violation of the law; however, the Board does not retain the civil fines it collects. Those are turned over to the State's general fund. Under the current management, the Board has firm control over its budget and has demonstrated strong fiscal responsibility by seeking to keep all management initiatives revenue neutral while still improving services provided to its stakeholders.

The Board has employment authority over the Executive Director position and sets the salary for that position. The Board experienced some difficulty in recent years with a change in leadership and the appointment of a new Executive Director; however, the current Executive Director brings a wealth of experience and long term management skills to the position that are providing leadership and stability to the Board's staff.

In recent months, the Board has created a Deputy Executive Director position and staffed that position with a member of the legal staff. The Deputy Executive Director also continues to keep a legal caseload including the promulgation of regulations.

In addition to the Deputy Executive Director, the Chiefs of Investigations, Licensing, Administration and Information Systems, General Counsel, Finance Manager, and a medical reviewer all report to the Executive Director.

Under the General Counsel are another Attorney and a Legal Assistant. Reporting to the Chief of Licensing are a Deputy Chief of Licensing and five additional staffers. The Chief of Investigations has a Deputy Chief, a Compliance Officer, Investigations Coordinator, Administrative Assistant and five Investigators. The Chief of Administration and Information Systems has two staffers reporting to her. With the medical reviewer, there is a total of 27 staff currently on the Board's payroll.

A recurring theme during the two-day meeting was the challenge to the Board to provide adequate services over the vast geographic area of Nevada and the dramatic differences between the northern and southern parts of the state. In response to this challenge, the Board opened a satellite office in Las Vegas on July 1 and, at the time of this report, it is staffed with an administrative assistant and two investigators. Eventually, plans include the addition of an attorney and perhaps licensing staff will be added to that location to provide immediately accessible services to the heavily populated southern region of the state.

The Medical Board recently came under intense scrutiny by the media, the legislature, and the governor for a high profile scandal involving physicians in the Las Vegas area. While the Board acted strictly in accordance with the law, it took considerable criticism over the case. Since the Board does not employ a public relations specialist, it was not in an optimum position to react to the public criticism. This case has heightened the awareness of both the Board and its staff about the importance of getting its message out to the public and the need for continuing positive messaging. Public relations will be discussed further in this report. See Recommendations.

The Board's relationship with the state medical association was discussed briefly. Under the current management, the board's staff and representatives of the association are working collegially and are establishing a positive relationship that will be beneficial to the board. See Recommendations.

Developing mutually beneficial relationships with other organizations will be explored later in this report. See Recommendations.

Administrative Processes and Procedures

The Chief of Administration and Information Systems was present to discuss the operations of her area.

When a new member is appointed to the Board, the staff provides an orientation that includes a manual, copies of the Medical Practice Act, a tour of the offices, and state ethics training through the Attorney General's office. Each department head conducts their portion of the orientation. See Recommendations.

As previously stated, the Board meets at face-to-face four times each year scheduled for one or two full days. Meeting materials are distributed to the members at least two weeks prior to the meetings. The current management of the Board is open and interested in moving toward a more paperless office. See Recommendations.

The Finance Manager is performing the human resources functions of the organization and this appears to be working well for the staff. There is significant cost efficiency with this arrangement.

The panel and the staff discussed the status of the budget of the Board and the impact of various current practices on the financial health of the organization. See Recommendations.

The Board's fee schedule appears to be adequate for current functions of the Board. The staff continually reviews the fees charged for various services to insure that the costs of providing the services does not exceed the fees collected to pay for them.

It should be recognized and commended that the staff has been proactive in reducing the audit expense of the Board's records. Where previously, \$30,000 was spent on this item, the current staff has reduced that expense to \$12,000, a significant savings to the Board.

One of the biggest assets to the Board in the realm of Administration and Information Systems is the fact that the chief of this department is a long-term employee of the Board and has a clear and comprehensive understanding of the Board's functions and responsibilities.

Legal Processes and Procedures

Two full-time attorneys and the Deputy Executive Director who also maintains a legal caseload currently serve the Board. While there was a backlog of cases in the past, the current management has increased the legal staff and the former backlog is nearly completely resolved. Formerly, each attorney was managing a caseload of 45 to 50 cases. Now, with the addition of another full-time attorney, the caseload has reduced to a more manageable 23 to 40 cases.

Because of the great workload centered in the southern part of the state, the staff is considering moving a staff attorney to the Las Vegas office to help manage the caseload there and to reduce travel costs. Since the majority of cases are based in the Las Vegas area, this reallocation of the legal staff will serve to maximize utilization of legal resources while at the same time have a cost reduction benefit.

The panel discussed the use of consent agreements; that is, voluntary settlements of complaints without going through the formal hearing process. The Board currently uses consent agreements but can only use them after a formal complaint has been filed. Current law does not permit the use of consent agreements prior to a formal complaint being filed. Additionally, there appears to be a public perception that settlement of a complaint against a physician somehow is less punitive than going through the hearing process. See Recommendations.

Each year, the FSMB collects disciplinary action information for all Boards in the country. This data is analyzed and compiled in an annual report. Contained in that report is the Composite Action Index. CAI is a weighted average of disciplinary action taken against physicians practicing in a state, as well as all physicians licensed by a state. Actions affecting physicians' licenses, such as revocations and suspensions, are weighted more heavily in computing a state's CAI. The Nevada Board's composite action index figures are:

2009	6.09	2007	4.58
2008	Not reported	2006	3.72

The higher numbers represent increased actions taken by the Board. Clearly, the Board is improving its actions and the efficiency of its efforts to insure that physicians in Nevada practice safe and effective medicine.

Current leadership recognized the need for additional legal staff and acted accordingly. Because of this, the legal department is better able to meet the requirements of the Board and the public.

Licensing Processes and Procedures

The Nevada Board has a staff of seven individuals performing the licensing function. In the past two years, this division has streamlined the processing of applications from an average high of 150 days to its current 39 days. The department has fine-tuned its processing procedures through the increased use of the Federation Credentials Verification Service and the Board's delegation to the staff of "look back" responsibilities in processing applications.

The Board receives about 500 to 600 applications each year and around 200 applications are in process at any given time. The staff has the authority to approve clean applications for licensure administratively with the Board ratifying those decisions at a subsequent meeting. The staff is planning to incorporate the use of the Federation's uniform application as an option in its application and this may provide greater service to its applicants.

The Board currently requires a minimum of three years of postgraduate training for licensure. There is a movement to reduce that minimum requirement to two years. The Board has indicated a willingness to support the reduction to two years; however, it has some concern about the readiness of a two-year resident for unsupervised practice. The panel felt that the Nevada requirement for three years of postgraduate training was an ideal but nearly all other states already require two years or less. There is no data nationally, which demonstrates a significant disparity in quality of medical care rendered when the lesser standard is applied.

At this time, applicants may withdraw applications from consideration but those withdrawals are not reported to the Federation Board Action Data Bank. The panel discussed with the staff the pros and cons of submitting withdrawal reports. See Recommendations.

Management has made it a priority to develop and groom its staff to provide quality customer service. The cohesiveness and commitment of the staff members was evident.

Investigations Processes and Procedures

The investigations division manages cases until the investigation is complete and the case is ready to be referred to an investigative committee for consideration. From the investigative committee, comprised of

sitting board members who later recuse themselves from discussion and voting, a determination is made as to the disposition of the case.

The investigations division currently investigates all malpractice suits. They are informed at the initiation of a suit and again at the time of settlement. The investigations division also proactively researches with the Division of Insurance and courthouse or county records for malpractice suits that may not have been reported to the Board by the physician. The majority of states do not investigate all malpractice cases; they establish some criteria to follow that eliminates most cases and still reserves full investigation for only the most serious cases. While we are all looking for a magic bullet that predicts physician incompetence, studies have shown that malpractice suits are not that indicator. It was reported that approximately 60 percent of the investigation division's cases are malpractice suits. See Recommendations.

The investigations division applies a prioritization process to complaints so that the most serious allegations are investigated first with lesser complaints being investigated as time permits. This is consistent with what most Boards do. While all complaints are important, those complaints involving the most egregious violations are given priority. All investigative cases are managed in accordance with a structured prioritization system that insures all complaints are investigated in a timely manner.

Currently, five Investigators are based in the Reno office. Office-based investigations can be difficult and somewhat cumbersome to conduct, especially considering the geographic difficulties of two population centers located hundreds of miles apart. While the investigations division does an excellent job of conducting its investigations, there are other models of investigations that the Board may want to explore. Some Boards have investigators that are home-based and live around the state. Other Boards have field locations from which their investigators may operate. See Recommendations.

The investigations division feels that it would be more effective with an additional staff investigator; however, the Board currently does not have the resources to fund another investigator position. For the number of licensees regulated by the Board and the number of cases investigated, it appears that the current staffing level is sufficient compared to other Boards. However, as licensing numbers increase and caseload increases, the Board needs to be mindful of the caseload for individual investigators and insure that individuals do not become overwhelmed with cases.

The panel met with the Medical Review Officer and discussed his activities on behalf of the Board. He performs case reviews and makes recommendations to the investigations committees of the Board. The Board had found that having a near full-time medical review officer (3/4 time) on staff is cost effective. The Medical Review Officer interfaces frequently with the state physician community and serves as a liaison with the state family practice and internal medicine residency programs. He also serves to identify and evaluate other physician case reviewers who are engaged by the Board for specialty case review where he does not possess expertise. (His specialty is emergency medicine.) See Recommendations.

RECOMMENDATIONS

General Overview

- 1 During the overview discussion of the Board, there was particular attention devoted to the endoscopic clinic scandal that occurred in Las Vegas. The medical board received much criticism over a variety of issues related to the events of the case even though the Board acted in accordance with Nevada law. This case points to the need for establishing and maintaining open, cordial, and frequent public relations. Since this is a relatively small board, it would be difficult to justify the expense of a full time public relations specialist; however, other options are available. The assessment panel recommends the Board consider engaging a public relations specialist under contract for only a limited time to help establish a positive public relations policy for the Board, to “re-brand” the Board. If funding such activity were to be difficult, the panel suggested exploring resources that may be available with the graduate programs at Nevada universities and also contacting the Federation of State Medical Boards and using their communications support which is free. The Board may also wish to consider media training for staff to enable them to most effectively and efficiently represent the Board to the media, the legislature, and the public.
- 2 With regard to public relations and media contacts, the panel suggests the Board establish a specific written policy that bars Board members from speaking with the media regarding Board business. The policy should identify that the Board’s spokesperson is the Executive Director, or the Deputy Executive Director; there should be only one consistent voice of the Board.
- 3 The Board may wish to consider using the ubiquitous social media to further its message, such as a presence on *Twitter* and *Facebook*. While many of us view these websites as social and informal, many organizations are using these tools to connect with their constituents. This is a cost-effective means of communicating with a greater segment of both the public and the licensing population. The FSMB is able to provide to the Board assistance with utilizing social media to its advantage at no cost to the Board.
- 4 The Executive Director has initiated the effort to make the Board more accessible and open to the public by reaching out to the media with invitations to visit the Board offices, meet the staff, etc. This is a great start and should be expanded. The Board should use the opening of the new Las Vegas office as a major event and should use this opportunity to put out a positive media announcement.
- 5 The Board may wish to utilize more press releases to announce important actions it takes such as disciplinary actions, hearings, etc. Included in all press releases should be contact information to the Executive Director with his name and contact information, particularly his email address. Part of the Board’s strategy may be to present the Board as an advocate for the public. You work for and on behalf of the public, for the public’s protection; you want to get that message out.
- 6 The staff may wish to research how other Boards accomplish certain tasks such as malpractice reviews, investigations reviews, and executive committee tasks besides the committee model. Committee meetings are expensive and time-consuming for Board members. Reviewing other models developed by other boards may give the Nevada Board other options that are equally or even more efficient while still accomplishing the desired goal.

- 7 It is prudent for the Board to seek to establish and maintain cordiality with the state medical association. While there will always be areas in which priorities or policies differ, there will also be opportunities for mutual cooperation to address issues of concern to both organizations. Current management is to be congratulated for making steps in this direction already.

Administrative Processes and Procedures

- 1 The Board may wish to consider developing an orientation manual that would be sent to newly appointed Board members immediately upon receipt of notification of their appointment. Included in this manual would be an emphasis upon the role of a Board member, an explanation of the time required for Board business that may impact practice responsibilities, their responsibilities to the Board and the public, and the expectations and obligations imposed upon them as Board members in their new role as public servants. The performance expectations of appointment to the Board should be clearly set out so that new appointees know their responsibilities from the beginning of their service. If members determine they are unable to meet those demands, they can immediately consider their options. The manual would be an augmentation to the orientation that is currently being done. Board members need to hold themselves and each other to a high standard of service; this is not an honorary appointment. It is an appointment to service that places great demands on its members; Board members need to be aware of that obligation and be willing to meet it or decline the appointment.
- 2 During the discussion of Board member orientation, the representative from Maine advised that his Board assigns a mentor Board member to each newly appointed member. The representative from Missouri advised that her Board involves another Board member, usually the President of the Board, in the orientation for a new Board member. The Nevada Board may want to consider other models of new Board member orientation to ease a new Board member into their new role. The Board may also wish to consider using current Board members to aid in the training and orientation of new Board members.
- 3 The panel acknowledges that the staff is receptive to moving to a paperless office. Toward that goal, it was suggested that the Board consider various electronic options currently being used by other Boards: loading meeting materials on either thumb drives or CD discs and distributing those to the Board members for use on their computers at meeting; creating an encrypted website for Board materials that can be accessed by Board members from their home computers.
- 4 As part of the effort to reduce paper and more effectively utilize electronic records, the Board may wish to consider scanning incoming mail as it is received and processing all cases and licensing applications in electronic format. This would reduce the cost of printing, copying, mailing and storage of paper documents. If such a law is not already in place that allows for the destruction of documents once they are scanned, then the Board may want to consider pursuing such authority. For an example of such a law, please refer to Missouri's 324.034, *Destruction of records permitted, when.. reproductions may be used as originals...*
- 5 The Board must maintain adequate reserves to defend it from civil suits as the immunity statutes in place are not applicable to suits related to property rights. The following items were noted in the discussion on the Board's budget:
 - a. In reviewing the financial reports of the Board, it was noted that information technology costs are included in the administrative costs category. This item should probably be prepared as a separate detail report that includes systems hardware, software, and programming for additional enhancements.

Legal Processes and Procedures

- 1 Consent agreements result in significant cost savings to both the Board and the respondent and result in a pre-determined outcome to a complaint. The Board may wish to explore regulatory or statutory change that would permit it to resolve certain complaints prior to the filing of formal charges. If the Board is successful in this endeavor, it should prepare informational materials to educate the public on the benefits realized by these negotiated settlements, especially the savings to the public.

Licensing Processes and Procedures

- 1 The Board may wish to pursue regulatory or statutory authority to report withdrawals of applications. Often the withdrawal is for innocuous reasons; however, if the withdrawal is based on the possibility of disciplinary sanction, this should be reported to alert other Boards.
- 2 The licensing staff is to be commended for its success in reducing application processing time. We would recommend that the staff consider re-drafting the application to advise the applicant in advance what information will be needed or not needed under some certain circumstances. This would require a clear delineation of the expectations of this process. If there are certain circumstances under which there will not be a 'look back' process, is there some way to notify applicants of this in advance to save them the effort of collecting data that will not be used? This may save time and money for applicants who are collecting data that is not going to be needed in their application.

Although it may not apply to Nevada, an alternative to rewriting the current application would be to create a "fast track" application for only those physicians who would qualify for no 'look back' as is currently being done. If the physician's history were not going to come under close examination, would it be feasible for them to use a more abbreviated application? Two states in the country are currently doing this, Idaho and Rhode Island. They have no data yet to show the impact of this reduced application for clean applicants; however, the Nevada Board may wish to discuss their experiences with those executives.

Investigations Processes and Procedures

- 1 The Board currently investigates all malpractice suits. It is recommended that the Board establish certain criteria that the investigations staff can use to determine which malpractice cases should be investigated and which do not warrant further scrutiny. The reality is that a large percentage of malpractice suits are settled for strictly financial reasons having nothing to do with physician competence. Expending valuable Board investigation resources on investigating every single case of alleged malpractice is not an optimum use of limited resources. The Board may wish to consider devising a standard model of cases that should be investigated and those that do not require such closer examination.
- 2 The Board may wish to explore other models of investigations where the investigators are home-based or operate from field offices such as the Las Vegas office. This would enable investigators to be extended around the state and minimize travel time from area to area. However, a cost analysis would have to be made to determine if this would be feasible or advantageous for the Nevada Board.

- 3 It was noted in the FSMB 2003 review that the Board should give consideration to whether or not time spent by investigators searching the Internet and county court files for malpractice cases is the best use of their time since courts are required by law to report. If a court is not reporting, this should be addressed through the legislature.
- 4 The Medical Review Officer seems to be very actively involved in community outreach and education. It is not under the purview of the Medical Review Officer to perform this task and in reality is a conflict of this position. It is the role of the Executive Director or his designee to perform such outreach.
- 5 It appears that the medical review officer forwards cases to the investigative committees with very little in the way of research or medical justification for such referral to the investigators. The Medical Review Officer's productivity should be re-directed or expanded to produce more effective results. For example, if the Medical Review Officer applied more research or medical justification to a case prior to forwarding it to the Investigation Committee for peer review or discussion, it would possibly reduce the necessity for further paid peer reviews thus realizing additional cost savings for the Board.

SUMMARY

The Nevada State Board of Medical Examiners is unique in the country in that it is organized to be nimble, forward thinking, and progressive. In only the past 18 months, the Board has made a number of significant changes to its operations that have preserved resources and effectively utilized the strengths of the organization.

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